

Wellesley PAWS PTO

Reimbursement Request Form

Name _____

Date Submitted _____

Check Payable to _____

Address _____

Phone Number _____

Project/Event _____ Amount \$ _____

Reason for Reimbursement _____

Receipt(s) totaling the amount of the reimbursement must be attached. In accordance with our Bylaws, this form and the receipt(s) must be submitted within 45 days of the event or the request will be denied.

Approved by (PTO Officer) _____ Date _____

Approved by (PTO Officer) _____ Date _____

Reimbursements less than \$100 will only require one signature from a PTO Officer for payment. Reimbursements totaling \$100 or more will require two signatures.

For Treasurer's Use Only

Check # _____ Dated _____ Logged _____